

## **Bureau of Communicable Disease Surveillance Request for Data**

---

Please send your completed application materials to the following address:

Tina Thompson, Executive Secretary  
Bureau of Communicable Disease Surveillance  
Department of Health and Human Services  
29 Hazen Drive  
Concord, NH 03301-6504

You may also fax the form to (603) 271-0545 or e-mail it as an attachment to  
tthompson@dhhs.state.nh.us

If you have any questions, please do not hesitate to contact Ms. Thompson at (603) 271-0279 or  
at 1-800-852-3345 ext. 0279.

### **Individual and Organization Requestor Information**

1. Contact Person (person requesting data) Name and Title:
2. Organization/Office/Bureau:
3. Address:
4. Telephone Number:
5. Fax Number:
6. E-mail Address:
7. Overall Responsible Party's Name and Title (if applicable):
8. Overall Responsible Party's Telephone Number (if applicable):
9. Date Request Made:
10. Date Information Needed:

***Completion of the request will depend on the complexity of the  
data search and/or analysis process.***

## **Description of Requested Analysis**

Please complete the following; giving information that is as detailed as possible. The information you provide will serve as the criteria for the Bureau of Communicable Disease Surveillance to respond to your data request. After receiving your request it will be reviewed for feasibility. You will be contacted if we have any questions or concerns.

### **A. Summary of data requested:**

1. Please provide a title or brief description of the requested analysis.
  
  
  
  
  
2. **Years Requested:** For the data set(s) you checked above, for what year(s) are you requesting analysis or information?

Note: It is sometimes necessary to combine data from multiple years to produce reliable statistics that do not conflict with confidentiality considerations. This is likely to be necessary for events that occur infrequently. Would your request still be useful to you if data from multiple years were grouped together?

3. **Geographic Area Requested:** What geographic area(s) are you interested in (statewide, all counties, a specific county, health service areas, city/town, etc.)? If you are interested in data at the city/town level, please note that it may be impossible for us to release data at the town level, depending on the data set, the size of the city/town, and whether or not it would be acceptable to have multiple years of data combined, because of the need to maintain confidentiality.

- 4. Data Elements Requested:** Please describe as specifically as possible the information you would like to obtain from the data set(s) you checked above. Be sure to indicate whether you are interested in events that happened to residents of New Hampshire or are interested in events that occurred in New Hampshire.
  
- 5.** Please provide any other details needed for us to complete your request.
  
- 6.** Please describe the format in which you would like to receive the analysis results (report, electronic document, e-mail, etc.).
  
- 7.** What are the overall aims of the study or project that this analysis is part of?
  
- 8.** Please indicate the way(s) in which the health information you requested will be used to benefit the population of New Hampshire and/or public health.

Name of Contact Person:	
Signature:	Date:

**Instructions for using following checklists:**

1. Check (✓) dataset(s) requested.
2. Specify year(s) of data requested based on years of data available. Please note that years of available data vary for datasets.
3. **INCLUDE ONLY THE DISEASE SPECIFIC CHECKLIST(S) FOR DATA THAT YOU ARE INTERESTED IN RECEIVING WHEN SUBMITTING THIS FORM TO THE BUREAU OF COMMUNICABLE DISEASE SURVEILLANCE.**

**Description of Requested Data**

- Please indicate the type of data requested by checking box(es) below:

	Years Available	Years Requested
✓ <b>Communicable Disease</b>		
<input type="checkbox"/> Communicable Diseases	1993-2001	
<input type="checkbox"/> Lyme Disease (supp.)	1993-1999	
<input type="checkbox"/> Pertussis (supp.)	1995-2001	
<input type="checkbox"/> <i>H. influenzae</i> (supp.)	1993-2001	
<input type="checkbox"/> Measles (supp.)	1995-2001	
<input type="checkbox"/> Mumps/Rubella (supp.)	1995-2001	
<input type="checkbox"/> Sexually transmitted diseases	1993-2001	

- Please indicate how you would like to receive the data:

✓ <b>Media Type</b>	✓ <b>File Format</b>
<input type="checkbox"/> CD-ROM	<input type="checkbox"/> MS Access (please specify if 97 version or older)
<input type="checkbox"/> 3.5 diskette	<input type="checkbox"/> MS Excel (please specify if 97 version or older)
<input type="checkbox"/> E-mail	<input type="checkbox"/> Dbase III
<input type="checkbox"/> Zip disk	<input type="checkbox"/> Other:
<input type="checkbox"/> Hardcopy	
<input type="checkbox"/> Other: _____	

**Confidential Data Requests\***

*\*Please contact the Bureau of Communicable Disease Surveillance for more specific or detailed data requests and to obtain specific forms and process information.*

*Thank you*